## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE if required). Blocket inhough 3 should be completed where appropriate All inform correspondence inhologing the Island, and others not manifestation of manifestation fee. Such as the correspondence inhologing the Island and Island Isla

URRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for Anti-Change of address

PEPPER HAMILTON LIP ONE MELLON CENTER, 50TH FLOOR 500 GRANT STREET

PITTSBURGH, PA 15219

Note: A certificate of mailing can unly be used for domestic mailings of the Feets) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing it mainmission.

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ATTORNEY DOCKET NO CONFIRMATION NO APPLICATION NO FILING DATE FIRST NAMED INVENTOR 03/30/2004 134779 13101 09/822 961 Mark Bunger 8324

TITLE OF INVENTION: METHOD, SYSTEM, AND COMPUTER READABLE MEDIUM FOR FACILITATING A TRANSACTION BETWEEN A CUSTOMER, A MERCHANT AND AN ASSOCIATE

APPLN, TYPE	SMALL ENTITY	ISSUE F	EÆ :	PUBLICATION FEE	FOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755		\$300	\$1055	02/17/2010	
EXAMINER		ART UNIT		CLASS-SUBCLASS	7		
HAIDER, FAWAAD		3627		705-026000			
Change of correspondence address or indication of "Fee Address" (37 CR I J63) Change of correspondence address (or Change of Correspondence Address form PTIOSB 12) attached  The Address' indication (or "Fee Address' Indication form PTIOSB 47; Res O J42 or more recent) attached Use of a Custimer.			2. For printing on the patent front page, list (1) the names of on to 3 regressed patent attorneys or agents OR, niternatively. (2) the name of a single firm that nig or a member a registered naturely or agent and the names of the pit 2 registered patent attorneys or agents. It no name is fixed in name will be name.		u member a 2_ nes of up to	PEPPER HAMILTON LLP  2_ 3_	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the parent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 311. Completion of this firm is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNED (B) RESIDENCE (CITY and STATE OR COUNTRY)

DELRAY BEACH, FLORIDA Please check the appropriate assignee caregory or categories (will not be printed on the patent): 

Individual 
Corporation or other private group entity

Government

4a. The following fee(s) are enclosed: 4b. Payment of Fee(s)

Issue Fee A check in the amount of the fee(s) is enclosed.

Poblication Fce (No small entity discount pennitred) Payment by credit card. Form PTO-2038 is attached

Advance Order - # of Copies The Director is hereby infimized by clarge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0436

5. Change in Entity Status (from statos indicated above)

YOU TECHNOLOGY BRAND SERVICES, INC.

a Applicant claims SMALL ENTITY status. See 37 CFR 1-27 □ b. Applicant is no longer claiming SMALL ENTITY status. See 32 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other pany in mineral substance by the records of the United States Heart and Traditionals (Office)

Authorized Signature Joseph J Wel-Diag. February 17, 2010 Typed or printed name Joseph T. HELMSEN Registration No. 54163

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